

## Candidate Intention

Type or Print in Ink.

CANDIDATE INTENTION

Check One:

☒ Initial☐ Amendment☐ TerminationCALIFORNIA  
1998 FORM **501**

## I Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)

Singh, William R.

ADDRESS (NO. AND STREET)

1919 Carmel Circle

DAYTIME PHONE

(209) 369-8619

CITY

Lodi

STATE

CA

ZIP CODE

95242-4400

FAX NUMBER

( )

Office Use Only

## II Office Sought

OFFICE SOUGHT (POSITION TITLE)

City Council Member

DISTRICT NUMBER

PARTY (If Applicable)

Republican

YEAR OF ELECTION

1998

PUBLIC AGENCY NAME

City of Lodi

TYPE OF ELECTION

(Check One if Applicable)

☐ Special☐ Recall

JURISDICTION OF ELECTIVE OFFICE SOUGHT (Check One)

☐ State☐ County of☐ Multi-County☒ City of

Lodi

## III Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7/20/98

DATE

By

William R. Singh

SIGNATURE OF CANDIDATE

FOR MORE INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL A ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

FPPC Form 501 (2/98)

For Technical Assistance: 916/322-5660

mailed out on 7/31/98